

## **Kansas Checklist for Equitable Relief Requests**

### **Completed by Area Office Submitting Equitable Relief (ER) Request**

County: \_\_\_\_\_ Contact: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Program: \_\_\_\_\_ Contract No.: \_\_\_\_\_ Participant: \_\_\_\_\_

### **Type of Request**

- ☐ **Agency Misaction/Misinformation**—meets criteria defined at Title 7 Code of Regulations (CFR) § 635.3
- ☐ **Failure to Fully Comply/Good Faith Effort**—meets criteria defined at Title 7 CFR § 635.4

### **Required Materials for ER Request (assembled in this order)**

- ☐ Copy of this completed checklist.
- ☐ Final Technical Determination letter or Final Program Decision letter sent to the U. S. Department of Agriculture (USDA) participant that explained the reason(s) for non-compliance and provided information on how to apply for ER.
- ☐ Participant's signed and dated written request for ER shall address all five criteria listed in Title 7 CFR § 635.7(e)(1-5).
- ☐ Form FSA-321 (Title 440-Conservation Program Manual [CPM], Part 509) or written narrative signed by the state conservationist demonstrating the participant was not in compliance due either to the Natural Resources Conservation Service (NRCS) misaction/misinformation or the participant's failure to fully comply with program provisions while maintaining a good faith effort.
- ☐ Reference appropriate sections of Title 7 CFR § 635 regulatory and CPM, Part 509, for program citations for misaction/misinformation or failure to fully comply while maintaining a good faith effort.
- ☐ Relevant finding of facts with respective dates and events that led to this ER request. Include detailed analysis of the relevant facts and provide conclusions to support the state conservationist recommendation. Preconditions for the ER request must also be noted such as termination of the contract.
- ☐ Copies of all relevant documents (contract, correspondence, status or contract reviews, et al.) referenced in Finding of Facts.
- ☐ Corrective Action Plan for agency misaction/misinformation as outlined in CPM, Section 509.12.

**For Use by State Office**

Date Received: \_\_\_\_\_ Log No.: \_\_\_\_\_

Package Complete (Y/N): \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

ER Reviewer: \_\_\_\_\_ Eligible (Y/N): \_\_\_\_\_

Comments: